



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

NORTH TEXAS REHABILITATION CENTER
214 EAST COLORADO BLVD
DALLAS TEXAS 75208

Respondent Name

Texas Mutual Insurance Company

Carrier's Austin Representative

Box Number 54

MFDR Tracking Number

M4-10-4689-01

MFDR Date Received

July 12, 2010

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The carrier states pre-authorization was not requested. Our facility is CARF accredited and due to the medical condition of the patient and the designated doctor report of February 25, 2010 the work hardening program was necessary and medically appropriate for 20 sessions."

Amount in Dispute: \$ 15,200.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "1. The requestor provided a work hardening program to the claimant. 2. Texas Mutual declined to issue payment of the program due to the absence of preauthorization. 3. The requestor complains its CARF-accreditation exempts it from preauthorization. The requestor asserts because it is CARF accredited and because of the results of a designated doctor exam, the work hardening it provided was medically necessary even though it did not obtain preauthorization... 5. The same rule 134.600 at (p)(12) 'qualifies' the exemption at (p)(4) when it states that non-emergency health care requiring preauthorization includes those treatments and services that exceed or are not addressed by the Commissioner's adopted treatment guidelines or protocols."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 8, 2010 through March 5, 2010	97546-WH	\$15,200.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.600 sets out the Preauthorization, Concurrent Review, and Voluntary Certification of Health Care.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- CAC-197 – Precertification/authorization/notification absent
- 930 – Pre-authorization required, reimbursement denied
- Note: Denied in accordance with 134.600 (p) (12) as the treatment/service is in excess of the division's treatment guidelines as outline in the disability management rules effective 5/1/07. Please refer to the disability management rules, chapter 137 on the division's website
- CAC-214 – Workers' Compensation claim adjudicated as non-compensable. This payer not liable for claim or service/treatment. (Note: to be used for workers' compensation only.)
- 891 – No additional payment after reconsideration
- 907 – Only treatment rendered for the compensable injury is reimbursable. Not all conditions indicated are related to the compensable injury
- CAC-18 – Duplicate claim/service
- 224 – Duplicate charge
- CAC-B22 – This payment is adjusted based on the diagnosis

Issues

1. Can a provider choose to request exemption from preauthorization and concurrent review requirements for work conditioning or work hardening?
2. Did the requestor obtain preauthorization for the CARF accredited work hardening program?
3. Is the requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement for CPT code 97546-CA-WH (CARF accredited work hardening program) rendered on February 8, 2010 through March 5, 2010.

Review of the Texas Department of Insurance, Division of Workers' Compensation Previous Exemptions List Updated on 06-01-2012 lists the CARF Accredited Work Conditioning and Work Hardening Programs Exempted from Preauthorization and Concurrent Review located at <http://www.tdi.texas.gov/wc/dm/documents/carfexemptprev.pdf>, does not contain the name and/or address for North Texas Rehab Center.

The TDI, DWC Instructions for Requesting or Renewing Exemption requires the following; "Each CARF accredited facility that wishes to request exemption from preauthorization and concurrent review requirements for work conditioning or work hardening must submit the required written documentation to DWC. To maintain DWC exemption status with no time break, facilities must renew before their exemption status expires. Exemption requests are dependent on the date the DWC grants the request. Renewals are intended to maintain the continuity of exemption status and are dependent on the ongoing DWC notification by the facility of the CARF accreditation process. If DWC exemption status expires without a request to renew, the DWC website will reflect a break in the facility's exemption status. In order to limit the break in exemption, the facility should immediately request a new DWC exemption."

The requestor has not supported that the facility North Texas Rehab Center has been approved from exemption status by the TDI, DWC. As a result, the requestor's disputed charges are subject to the provisions of 28 Texas Administrative Code §134.600."

2. Per 28 Texas Administrative Code §134.600 "(a) The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise: (4) Division exempted program: a Commission on Accreditation of Rehabilitation Facilities (CARF) accredited work conditioning or work hardening program that has requested and been granted an exemption by the division from preauthorization and concurrent review requirements except for those provided by subsections (p)(4) and (q)(2) of this section."

Per 28 Texas Administrative Code §134.600 "(p) Non-emergency health care requiring preauthorization includes: (4) all work hardening or work conditioning services requested by: (A) non-exempted work hardening or work conditioning programs; or (B) division exempted programs if the proposed services exceed or are not addressed by the division's treatment guidelines as described in paragraph (12) of this subsection."

Review of the submitted documentation does not support that the requestor obtained preauthorization for the work hardening program rendered on February 8, 2010 through March 5, 2010, as a result, reimbursement cannot be recommended.

3. Review of the submitted documentation finds that the requestor did not support that preauthorization was obtained for the work hardening program, as a result, reimbursement cannot be recommended for CPT code 97546-CA-WH rendered on February 8, 2010 through March 5, 2010.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	November 7, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.